

# Sunnyside Surgery

## Help us to keep in touch with you

To ensure that we have all your up-to-date information,  
please complete the details below.

**Name:**

**Address:**

**Home Telephone No:**

**Mobile Telephone No:**

**Email address:**

**I give consent for Sunnyside Surgery to contact me by letter, phone, email or text message. I will notify the surgery of any changes to my contact details including my mobile phone number. (Please note - we are unable to engage in discussion regarding medical issues via email or text.)**

**Signature:** .....

**Date:** .....